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## Abstract

**Problem:** Problem: Many homeless HIV-positive patients struggle with HIV management because of substance use, untreated mental health disorders, and unmet needs for food, shelter, and other services. These challenges present barriers to engagement in HIV care and improvement of HIV viral load (VL).

**Methodology:** Using data from a cohort of homeless HIV-positive patients, we examined whether Trauma-Informed-Care-based case management could improve outcomes. This ongoing, single-arm study included out-of-care HIV-infected homeless patients in Houston, TX who were enrolled in a HRSA-funded Special Projects of National Significance demonstration project between September 2013 and February 2015. At enrollment, patients were assessed for housing, substance use, mental health, and unmet needs. A housing score was assigned to each patient at baseline using a 6-point scale (6 = Street Homeless, 0 = Permanent Housing). An updated housing score was assigned during subsequent encounters. Outcomes measured included changes in the housing score from baseline, engagement in care (HIV visit within 6 months compared to pre-enrollment) and suppression of VL (< 200 copies/mL) within 12 months of enrollment compared to pre-enrollment.

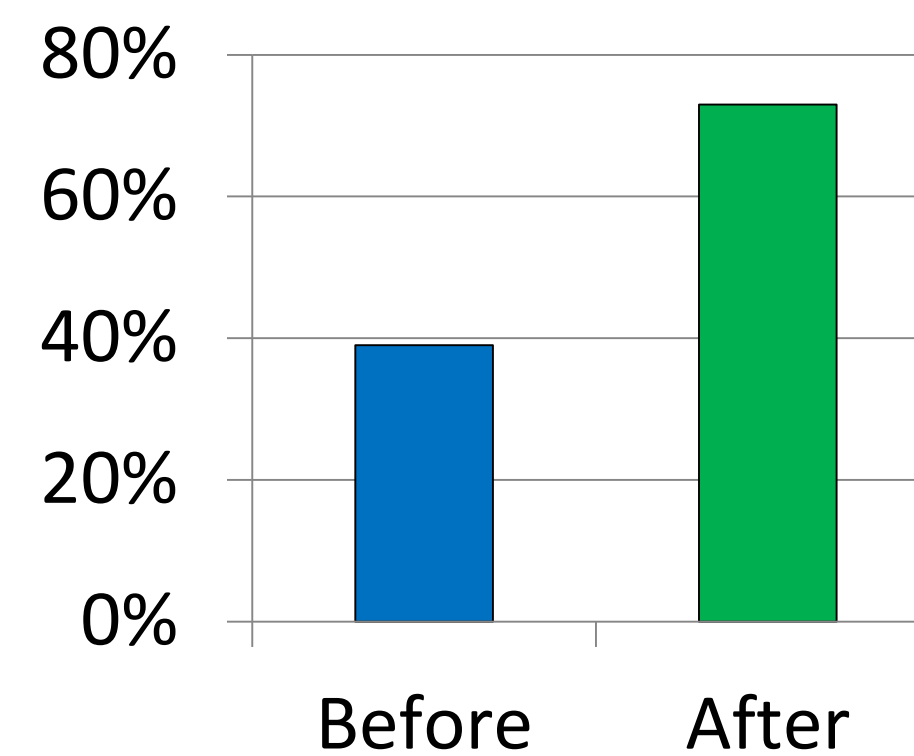
**Intervention:** Trauma-Informed-Care-based case management and system navigation focused efforts on obtaining improved housing for patients, accompanying them to providing agencies, and providing services using our in-house resources, which represented expansion of the scope of case management typically provided to our patients living with HIV.

**Outcomes:** A total of 157 patients were enrolled.

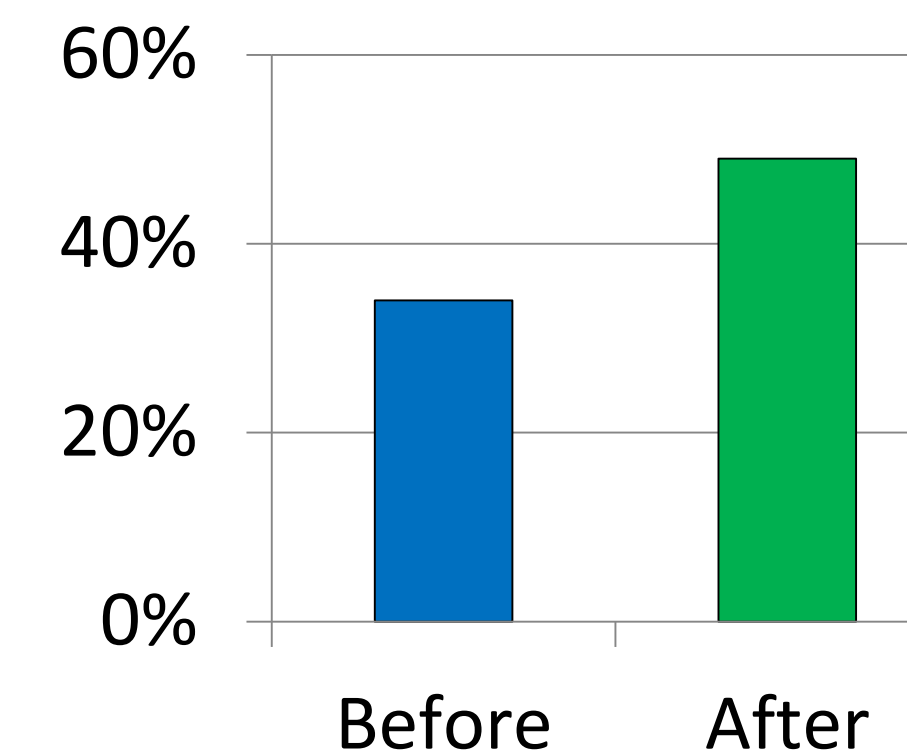
- ✓ Engagement in care rate improved by 87% (from 39% to 73%)
- ✓ VL suppression rate improved by 44% (from 34% to 49%)
- ✓ 95% of patients needed housing assistance; 88% received it
- ✓ 87% of patients needed mental health referral; 93% received it
- ✓ 88% of patients needed substance abuse referral; 94% received it
- ✓ Housing score improved by 37% (from 4.1 to 2.6) however for many patient the housing status showed large fluctuations over time

Our study suggests trauma-informed-care-based case management may yield positive results in improving management of HIV disease among homeless patients.

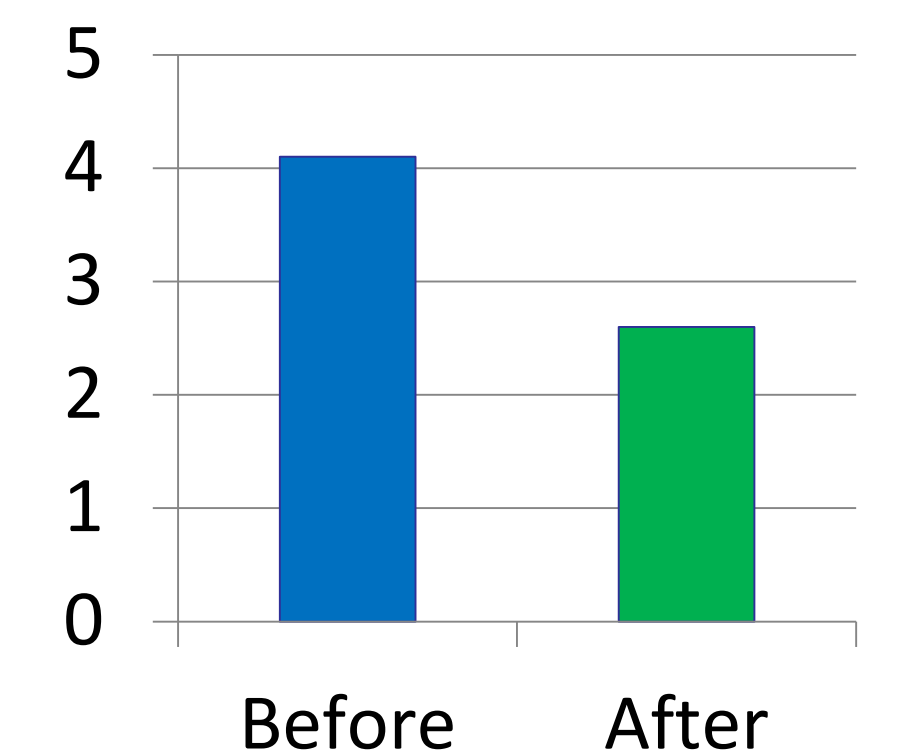
## Engagement In Care



## Viral Suppression

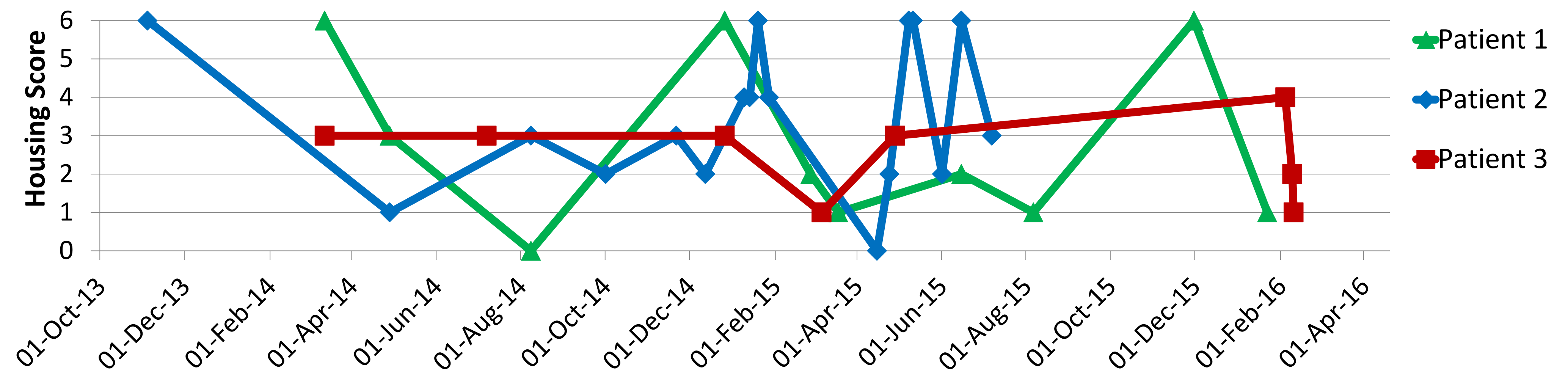


## Housing Score\*



\* A lower housing score is better

## Sample Housing Score Fluctuations



## Demographics of enrolled patients

		#	%
Gender	Female	37	24%
	Male	118	75%
	Transgender	2	1%
Race	Black /African-American	106	68%
	Hispanic/Latino	17	11%
	White	32	20%
	Other	2	1%
Housing	Street Homeless	109	69%
	Unstably Housed	47	30%
	Fleeing Domestic Violence	1	1%

## Services provided to enrolled patients

Service	#	Denominator**	%
Housing Referral	131	149	88%
Cell Phone Assistance	21	73	29%
Peer Mentoring	48	101	48%
Medication Delivery	15	86	17%
Mental Health Referral	128	137	93%
Substance Abuse Referral	130	138	94%
HIV Care at Shelter	23	62	37%
ANY of the above services	147	151	97%

\*\* Those enrolled patients who needed each service and were neither receiving it already nor refused receiving it

**Acknowledgements:** This project was undertaken as part of a national multi-site study led by Boston University and funded by a HRSA SPNS grant.